

# FY 2011-2012 Open Enrollment Frequently Asked Questions

## **GENERAL QUESTIONS**

### **1. I have not received my Open Enrollment material at home. What should I do?**

The only Open Enrollment material being mailed to your home address is a Worksheet that will assist you when entering your benefit elections into the Benefit Enrollment System. Worksheets are being mailed from Salt Lake City on Monday, April 11, 2011, to your home address on file in the PeopleSoft system. You should receive the worksheet by April 15<sup>th</sup>. A copy of the Worksheet is also available on the Employee Benefits home page, under the Open Enrollment tab. It is not necessary for you to have your Worksheet in order to access the ADP portal and enroll in your benefits for the 2011-2012 Plan Year.

Open Enrollment materials, including the *What's New Open Enrollment* booklet, are only available online at the Employee Benefits Web site. The internal site is located on the Electronic Business Center (EBC) Intranet at [ebc.maricopa.gov/ehi](http://ebc.maricopa.gov/ehi). The external site is located on the Internet at [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits).

### **2. I cannot remember my User ID and Password to access the ADP portal. What should I do?**

Access the ADP portal at <https://portal.adp.com> and click on the '*Forgot my User ID*' or '*Forgot my Password*' links for assistance.

If you have followed the instructions on the ADP Portal and are not able to retrieve neither your User ID nor your Password, you should contact the OET Customer Care Center at (602) 506-4357 (6HELP) for assistance.

Please do not contact the Employee Benefits Division because they do not have a record of your User ID or Password.

### **3. What happens if I do not make any elections during Open Enrollment?**

If you do not make any elections, in most cases your coverage will carry over to the same benefits plans and the same level of coverage as you had in the 2011-2012 Plan Year. However, there are some exceptions.

- If you currently waive medical coverage, you will be automatically enrolled in the Open Access Plus Low Plan, the Consumer Choice pharmacy, vision and behavioral health plans as required by the new Health Care Reform legislation. If you don't want to be enrolled in these plans, and you want to continue to waive your medical coverage, you'll need to complete the online enrollment process through the Benefit Enrollment system and waive of coverage.

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- To receive the health and wellness premium reductions on your 2011-2012 monthly medical premiums, you must complete the Biometric Screening and/or Health Assessment by April 22, 2011. You will need to indicate that you completed these in the Benefit Enrollment System in order to receive your premium reductions. Your prior elections will not carry over to the new Plan Year.
- To receive the premium reduction for non-tobacco use on your 2011-2012 monthly medical premiums, you must take and pass the saliva test that detects nicotine presence by April 22, 2011. You will need to indicate whether or not you completed this test and your household's tobacco status in the Benefit Enrollment System. The system will be set to indicate that you did not take the saliva test and you will not receive the premium reduction.
- To participate in the Health Care FSA or the Dependent Care FSA, you will need to re-enroll for the 2011-2012 Plan Year. Your previous election will not carry over into the new Plan Year.
- Employees enrolled in the Choice Fund Medical Plan and who have a HSA who wish to have employee contributions or a catch-up contribution made into their HSA for the new plan year must indicate so via an Open Enrollment election. Current year elections will not carry over.

#### **4. If I waive medical coverage will I be eligible to receive the medical waiver payment?**

No, effective July 1, 2011, employees who waive their medical coverage with Maricopa County will no longer receive a medical waiver payment.

#### **5. Can I add or drop dependents during Open Enrollment?**

Yes, you may drop dependents during Open Enrollment or add those who meet all eligibility requirements. Effective July 1, 2011 you may add your young adults up to age 26 to your plan regardless of tax dependency, school or marital status, or residency. An independent auditing group retained by Maricopa County will contact you to request documentation as proof that your dependent is eligible for coverage. Failure to submit such documentation by the required deadline will result in your dependent being dropped from coverage and you being liable for the cost of any incurred claims.

#### **6. What medical benefits changes are taking place for the new plan year?**

Maricopa County will continue offering the same six medical plans administered by CIGNA. What is changing is that employee premiums have increased slightly for

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most plans. Additionally, co-pays for therapies and rehabilitation have decreased. The Open Access Plus Plan's inpatient admission copay has changed from a 'per day copay' to a 'per admission copay'.

### **7. What pharmacy benefit changes are taking place for the new plan year?**

Maricopa County will continue offering the same three pharmacy benefit plans administered by Walgreens Health Initiatives (WHI) and CIGNA. What is changing is that coverage of medication used to treat Reflux will not be covered under WHI. However, the CIGNA pharmacy plan (associated with the Choice Fund medical plan) will continue to cover such medication.

### **8. What Short-term disability changes are taking place for the new plan year?**

Maricopa County will continue to offer three salary replacement options (40%, 50%, and 60%) under the Short-term Disability Plan. The 70% option is being eliminated. Additional changes to the STD plan includes:

- Decreasing the number of sick days required before drawing benefits to 15
- Raising the maximum weekly payment from \$1,000 to \$2,000
- Decreasing the rate multiplier which will result in lower employee premiums

### **9. Why did premiums increase for most plans?**

Healthcare and pharmaceutical costs continue to rise year after year. While Maricopa County makes every effort to contain those costs and still offer rich benefits to its employees, increases to out-of-pocket costs were necessary in order to continue to offer the services employees value. Keep in mind that preventive medical services are still free. Also, monthly premiums only increased slightly and the employee share costs are still lower as compared locally to the City of Phoenix and the State of Arizona, and compare favorably nationwide. Premium reductions, such as biometric screening, health assessment, and non-tobacco use are available to help offset the cost of your monthly premiums.

### **10. Do deductibles count towards my out-of-pocket maximum?**

Except for the Choice Fund Health Savings Account medical plan, deductibles do not count towards your out-of-pocket maximum.

### **11. What is the impact of the new Health Insurance Reform Bill on my benefits?**

Health Care Reform requires the following changes for the 2011-2012 Plan Year design:

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- Cover your dependents to age 26.
- Remove the \$5M lifetime limit for the Choice Funds medical plan and the mental health plan.
- Remove pre-existing condition limits on all medical plans for children up to age 19.
- Provide certain preventive medication at no cost.
- Remove annual limits for 'Applied Behavioral Analysis' therapy for treatment of autism from the mental health plan.
- Automatically enroll employees who waive coverage in the Open Access Plus Low medical plan, Consumer Choice pharmacy, vision and behavioral health plans..

### **12. I am leaning towards enrolling in the Choice Fund Medical Plan with the Health Savings Account, but would like more information about how it works. Where can I find that information?**

There are several resources available to you on the Employee Benefits Web site regarding the Choice Fund Medical Plan and HSA. They are:

- The *What's New* 2011-2012 Open Enrollment booklet
- The *Know Your Benefits* booklet
- HSA FAQ's
- HSA Webinars and Podcasts hosted by a CIGNA representative
- Pre-Enrollment presentations regarding the HSA, hosted by a CIGNA representative

You may also visit [www.myCignaplans.com](http://www.myCignaplans.com), which offers information and a comparison of all medical plans, including the HSA. To access the site, the Username is maricopacounty2011 and the Password is cigna.

### **13. If I enroll in a Flexible Spending Account and choose to have a certain amount set aside every pay period, can I change that designated amount after Open Enrollment has closed (sometime during the benefit plan year)?**

Flexible Spending Account (FSA) elections and contribution amounts cannot be changed after the close of Open Enrollment, unless you have a qualifying event (such as birth or marriage) during the plan year and that event is consistent with changing the amount of your FSA election. For example, if the qualifying event is a birth, then that event would be consistent with needing to increase (but not to decrease) the FSA amount.

### **14. Is the full amount of my contributions to the Flexible Spending Account available immediately, or can I only submit claims for the amounts that have currently accrued in my account?**

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For the Health Care Flexible Spending Account, the full amount of your pledged annual contribution is generally available for use at the beginning of the plan year. There are some specific rules regarding payment for orthodontia expenses.

For the Dependent Care Flexible Spending Account, only contributions which have accrued in your account are available for use.

**15. If I am currently waiving benefits because I am covered under my spouse's insurance, what do I need to do to continue to waive medical coverage?**

One of the Health Care Reform requirements is for Maricopa County to automatically enroll all employees who currently waive coverage in a medical plan. These employees will automatically be enrolled in the Open Access Plus Low medical plan, Consumer Choice pharmacy, vision and behavioral health plans. Following automatic enrollment, employees must 'opt-out' or waive if they do not want County medical coverage.

**16. If I am enrolled in the Consumer Choice Pharmacy plan and do not use the amount allotted to me in Level 1 and it rolls over to the next Plan Year, is there a way I can find out the amount of the rollover, along with my current balance?**

You should contact the Employee Benefits Division at (602) 506-1010 for assistance, or send an e-mail to [BenefitsService@mail.maricopa.com](mailto:BenefitsService@mail.maricopa.com) and a Benefits Analyst will research this for you.

**17. If I am enrolled in the Consumer Choice Pharmacy plan and am in Level 2 and paying 100%, how is the amount calculated? The message states "average wholesale price minus discount or maximum allowable cost," but how do I find out what the components are?**

This information is available to the Employee Benefits Division, but not until after a claim has been processed. Once the claim is processed, you may contact the Employee Benefits Division and a Benefits Analyst will review the pharmacy claim with you and advise you of the components used to calculate the cost.

You may also log on to [www.walgreenshealth.com](http://www.walgreenshealth.com) and find the total discounted cost for a specific drug, but you will not be able to see each pricing component.

**18. How do I find the locations for the CIGNA Care Today Clinics where I can receive services for the reduced primary care copayment?**

Use the following link to find the most up-to-date list of the CIGNA CareToday locations:

<http://www.cigna.com/cmga/services/after-hours-caretoday.html>.

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### 19. How do I find the locations for the Take Care Clinics where I can receive services for the reduced primary care copayment?

Use the following link to find the most up-to-date list of the Take Care Clinic locations:

<http://takecarehealth.com/locations.aspx>

**Disclaimer:** These FAQs are intended to provide brief and general information about Maricopa County benefits. Specific eligibility and coverage requirements are not covered in these FAQs. For more in-depth information, please refer to the *What's New* or, the *Know Your Benefits* booklets, or the Official Plan documents. If there is a discrepancy between the information provided in these FAQs and the Official Plan documents, the Official Plan documents govern.